

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. Environmental Health, 11 S118
(207) 287-2070 Fax: (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation	Lamoine, ME
Street or Road	114 Marlboro Beach Rd
Subdivision, Lot #	N/A

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City	Lamoine	Permit #	1883
Date Permit Issued	4/4/18	Fee: \$	150
Local Plumbing Inspector Signature		Double Fee Charged	[]
L.P.I. #		394	
Fee: \$	250	state min fee \$	15
Locally adopted fee			
Copy: [] Owner [] Town [] State			

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	True, Kathryn R	Owner Applicant
Mailing Address of Owner/Applicant	4606 Windsor Dr Flowery Branch, GA 30542	
Daytime Tel. #	603-714-5668	

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # 16 Lot # 48

OWNER OR APPLICANT STATEMENT

I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

Kathryn R True 4/4/18
Signature of Owner or Applicant Date

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

(1st) date approved

Local Plumbing Inspector Signature

(2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

- First Time System
- ☒ Replacement System
- Expanded System
 - <25% Expansion
 - >25% Expansion
- Experimental System
- Seasonal Conversion

Type replaced:
Year installed: 1992

THIS APPLICATION REQUIRES

- No Rule Variance
- First Time System Variance
 - Local Plumbing Inspector Approval
 - State & Local Plumbing Inspector Approval
- Replacement System Variance
 - Local Plumbing Inspector Approval
 - State & Local Plumbing Inspector Approval
- Minimum Lot Size Variance
- Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS

- Complete Non-engineered System
- Primitive System (graywater & alt. toilet)
- Alternative Toilet, specify: _____
- Non-engineered Treatment Tank (only)
- Holding Tank, _____ gallons
- Non-engineered Disposal Field (only)
- Separated Laundry System
- Complete Engineered System (2000 gpd or more)
- Engineered Treatment Tank (only)
- Engineered Disposal Field (only)
- Pre-treatment, specify: _____
- Miscellaneous Components

SIZE OF PROPERTY

1.81 +/- SQ. FT. ACRES

DISPOSAL SYSTEM TO SERVE

- Single Family Dwelling Unit, No. of Bedrooms: 3
- Multiple Family Dwelling, No. of Units: _____
- Other: _____ (specify)

SHORELAND ZONING

Yes ☐ No ☒

Current Use Seasonal Year Round Undeveloped

TYPE OF WATER SUPPLY

- ☒ Drilled Well
- Dug Well
- Private
- Public
- Other

* RESET TANK ONLY * DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- Concrete
 - Regular
 - Low Profile
- Plastic
- Other: _____

CAPACITY: 1,000 GAL.

DISPOSAL FIELD TYPE & SIZE

- Stone Bed
- Stone Trench
- Proprietary Device
 - cluster array
 - regular load
 - Linear
 - H-20 load
- Other: _____

SIZE: _____ sq. ft. lln. ft.

GARBAGE DISPOSAL UNIT

- No
 - Yes
 - Maybe
- If Yes or Maybe, specify one below:
- multi-compartment tank
 - tanks in series
 - increase in tank capacity
 - Filter on Tank Outlet

DESIGN FLOW

_____ gallons per day
BASED ON:
1. Table 4A (dwelling unit(s))
2. Table 4C (other facilities)
SHOW CALCULATIONS for other facilities

SOIL DATA & DESIGN CLASS PROFILE CONDITION

at Observation Hole # _____
Depth _____"
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

- Medium---2.6 sq. ft. / gpd
- Medium---Large 3.3 sq. ft. / gpd
- Large---4.1 sq. ft. / gpd
- Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

- Not Required
 - May Be Required
 - Required
- Specify only for engineered systems:
DOSE: _____ gallons

3. Section 4G (meter readings)
ATTACH WATER METER DATA

LATITUDE AND LONGITUDE

at center of disposal area
Lat. _____ d _____ m _____ s
Lon. _____ d _____ m _____ s
If g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on _____ (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature

SE #

Date

Site Evaluator Name Printed

Telephone Number

E-mail Address

Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.